| FORM | 4 |
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| Check this box if no |
|-----------------------|
| longer subject to |
| Section 16. Form 4 or |
| Form 5 obligations |
| may continue. See |
| Instruction 1(b). |

(Print or Type Pesponses)

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

SEC 1474 (9-02)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| (Print or Type Responses) | | | | | | | | | | | |
|---|---|--|--------------------|-------------|------------------------|---|--------|--|-------|---|--|
| 1. Name and Address of Reporting Per Edwards Robert Grant | 2. Issuer Name ar Sonoma Pharma | | | 0. | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | |
| (Last) (First) C/O SONOMA PHARMACEU INC., 1129 NORTH MCDOWI | TICALS, | 3. Date of Earliest Transaction (Month/Day/Year) 04/23/2020 | | | | | | X Officer (give title below) Other (specify below) Chief Financial Officer | | | |
| (Street) PETALUMA, CA 94954 | 4. If Amendment, I | Date Origin | al Fil | led(Month/I | Day/Year) | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) (State) | (Zip) | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | |
| 1.Title of Security (Instr. 3) | Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | Code (Instr. 8) | v | (A) or Disposed of (D) | | of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | Form: | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| Common Stock, \$0.0001 par value | 04/23/2020 | | А | | 2,609 | А | (1) | 2,609 | D | | |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

| | (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | |
|-------------|--|------------------|--------------------|------------|----|--------|-------|--------------|------------|--------|---------|------------|----------------|-------------|-------------|
| 1. Title of | | 3. Transaction | 3A. Deemed | 4. T | | 5. | | 6. Date Exer | | | | | 9. Number of | | 11. Nature |
| | Conversion | | Execution Date, if | Transactio | on | Num | | and Expirati | | Amou | | Derivative | Derivative | Ownership | of Indirect |
| Security | or Exercise | (Month/Day/Year) | any | Code | | of | | (Month/Day | /Year) | Unde | rlying | Security | Securities | Form of | Beneficial |
| (Instr. 3) | Price of | | (Month/Day/Year) | (Instr. 8) | | Deriv | ative | | | Secur | rities | (Instr. 5) | Beneficially | Derivative | Ownership |
| | Derivative | | | | | Secur | ities | | | (Instr | . 3 and | | Owned | Security: | (Instr. 4) |
| | Security | | | | | Acqu | ired | | | 4) | | | Following | Direct (D) | |
| | | | | | | (A) o | r | | | | | | Reported | or Indirect | |
| | | | | | | Dispo | sed | | | | | | Transaction(s) | (I) | |
| | | | | | | of (D |) | | | | | | (Instr. 4) | (Instr. 4) | |
| | | | | | | (Instr | . 3, | | | | | | | | |
| | | | | | | 4, and | 15) | | | | | | | | |
| | | | | | | | | | | | Amount | | | | |
| | | | | | | | | Dete | E | | or | | | | |
| | | | | | | | | | Expiration | Title | Number | | | | |
| | | | | | | | | Exercisable | Date | | of | | | | |
| | | | | Code | V | (A) | (D) | | | | Shares | | | | |

Reporting Owners

| | Relationships | | | | | | |
|---|---------------|--------------|-------------------------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| Edwards Robert Grant C/O SONOMA PHARMACEUTICALS, INC. 1129 NORTH MCDOWELL BLVD. PETALUMA, CA 94954 | | | Chief Financial Officer | | | | |

Signatures

| /s/ Amy Trombly, as attorney-in-fact | 04/24/2020 |
|--------------------------------------|------------|
| **Signature of Reporting Person | Date |

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- The award will vest in three years, with the first third vesting on April 14, 2021, second third will vest on April 14, 2022 and remaining third will vest on April 14, 2023. If (1) the Issuer terminates Mr. Edwards prior to April 14, 2021, all stock will vest immediately on the termination date. If the Issuer terminates Mr. Edwards on or after April 14, 2021, including by not renewing this agreement, all unvested stock will be forfeited. If Mr. Edwards terminates, all unvested stock will be forfeited.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.